



A Reflection on Voice, Framing, and Authenticity in a One Health Dialogue

Chee Kong Yap*

Department of Biology, Faculty of Science, Universiti Putra Malaysia, 43400 UPM Serdang, Selangor, Malaysia

Abstract

This reflective paper examines a personal experience during a One Health webinar, focusing on the interplay between individual voice, expert discourse, and the practical challenges of interdisciplinary collaboration. By documenting a direct intervention made during the session, the paper reflects on the tension between conceptual advocacy and meaningful engagement. Particular attention is given to the role of public health education and environmental psychology as underemphasised yet essential components of the One Health framework. This reflection further considers the emotional and intellectual acceptance of asymmetry in academic spaces. It argues that while collaboration remains central, its effectiveness depends on humility, listening, and the translation of global frameworks into individual-level action.

Keywords: One Health; Planetary Health; Environmental Psychology; Reflection; Public Education

Introduction

I recently, on 7 April 2026, attended a webinar centred on the One Health framework, a concept increasingly recognised for its integrative approach linking human, animal, and environmental health [1,2]. The session brought together several panel members who discussed policies, collaboration, and interdisciplinary strategies aimed at addressing complex global health challenges. While the discussion was positioned as a platform for shared learning, it also reflected a broader academic tendency to emphasise established frameworks and institutional collaboration as primary solutions.

At the beginning of my engagement in the session, I first posted my question in the chat, even before requesting to speak. I wrote: "Now, the planetary health is the headline rather than one health which I disagree. I think we should emphasize with public health first, step by step, back to what we can do individually. May I know your thoughts?" After that, I followed with a short request in the chat: "Can I speak?" The moderator responded: "Surely you can."

I was then unmuted. I introduced myself and shared my thoughts verbally, speaking freely as a researcher with more than 25 years of experience. My intention was not to challenge the panel, but to bring attention to a perspective that I felt was underrepresented, namely the need to reconnect large-scale frameworks with individual-level public health actions.

In addition, I added another thought in the chat: "I think the environmental psychology also a niche to complement the One Health concept." These contributions emerged from my concern that while frameworks such as One Health and planetary health are increasingly highlighted, there remains a gap in translating these concepts into individual behaviour and everyday practices. The emphasis on global integration, while important, may unintentionally overlook the role of public education and individual responsibility, which are essential for meaningful implementation [3, 4].

Encouragingly, one of the panellists acknowledged that I had raised a good point, particularly regarding the importance of educating the public. This brief response highlighted a critical but often under-discussed dimension of One Health. Public engagement and behavioural awareness are not peripheral components, but central to the success of integrated health frameworks [5].

At the same time, my suggestion regarding environmental psychology remained unanswered. This small but noticeable silence became an important point of reflection for me, prompting a deeper consideration not only of the content discussed, but also of how academic spaces are structured, prioritised, and navigated.



OPEN ACCESS

*Correspondence:

Chee Kong Yap, Department of Biology, Faculty of Science, Universiti Putra Malaysia, 43400 UPM Serdang, Selangor, Malaysia,

E-mail: yapchee@upm.edu.my

Received Date: 27 May 2026

Accepted Date: 25 Jul 2026

Published Date: 27 Jul 2026

Citation:

Chee Kong Yap. A Reflection on Voice, Framing, and Authenticity in a One Health Dialogue. *WebLog J Public Health Epidemiol.* wjphe.2026.g2704. <https://doi.org/10.5281/zenodo.21733822>

Copyright© 2026 Chee Kong Yap. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

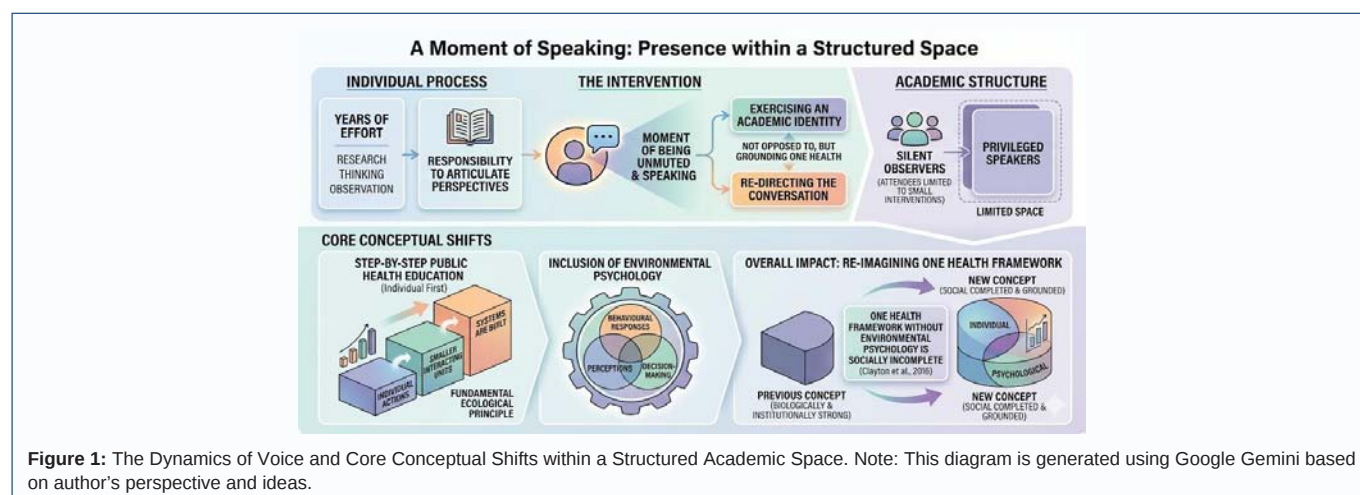


Figure 1: The Dynamics of Voice and Core Conceptual Shifts within a Structured Academic Space. Note: This diagram is generated using Google Gemini based on author's perspective and ideas.

A Moment of Speaking: Presence within a Structured Space

As illustrated in Figure 1, the act of an attendee speaking up within a highly rigid academic environment represents a profound transition from a passive, silent observer to an active agent exercising an academic identity. This intervention serves as a mechanism to disrupt standard academic structures that traditionally privilege a few key speakers and relegate others to short, limited interventions. Rather than opposing the dominant framework, the moment of being unmuted acts as a strategic pivot to ground the One Health framework by introducing critical, missing dimensions. This grounding is achieved through two core conceptual shifts: first, anchoring public health education in fundamental ecological principles where systems are built step-by-step from smaller, individual interacting units; and second, explicitly integrating environmental psychology - incorporating behavioural responses, perceptions, and decision-making processes - to ensure the framework does not remain merely biologically and institutionally strong, but socially complete (Figure 1) [6].

That brief moment of being unmuted and speaking carried more meaning than it appeared on the surface. It was not only about asking a question, but about exercising an academic identity. After years of research, thinking, and observation, there is a responsibility to articulate perspectives when the opportunity arises. In many academic settings, participants remain silent observers. The structure often privileges speakers, while attendees are limited to short interventions. Yet, within that limited space, I felt a need to redirect the conversation. My question was not meant to oppose One Health, but to ground it.

The idea that public health education should come first, step by step, beginning with individual actions, reflects a fundamental ecological principle: systems are built from smaller interacting units. Without attention to the individual level, larger frameworks risk remaining abstract. The inclusion of environmental psychology was equally intentional. Behavioural responses, perceptions, and decision-making processes are central to how environmental and health challenges are experienced and addressed. Without this dimension, the One Health framework may remain biologically and institutionally strong, but socially incomplete [6].

Observing the Panel: Expertise, Positioning and Repetition

As visually mapped in Figure 2, the observational phase of the experience was critical in identifying the structured space's existing limitations. Analysis of the communication dynamics among the panel members revealed strong, repeated emphases on expertise and collaboration; however, these points were delivered as declarative affirmations rather than exploratory dialogue (Figure 2, Section 1). This created a fragmented environment where self-inclusive, dense narratives from certain speakers crowded out diverse perspectives, prioritizing professional positioning over conversational advancement. The individual observation of this fragmented structure, and the resulting sense of responsibility born from years of research, acted as the direct catalyst for the subsequent intervention (Figure 2). This intervention, a moment of being unmuted, was strategically designed to redirect the conversation from mere affirmation to a questioning approach that grounded the one health concept. The resulting conceptual shifts focus on anchoring public health education in fundamental ecological principles (individual first) and integrating missing social dimensions (behavioral, perceptual, decision-making), ultimately moving One Health from being biologically strong but fragmented, to a socially complete, cohesive, and grounded framework [6].

As the discussion continued, I became increasingly aware of the communication dynamics among the panel members. There was a strong emphasis on presenting themselves as experts, each reinforcing the importance of One Health and the necessity of collaboration. While these are valid and important points, they were repeated in ways that felt more declarative than exploratory.

I sensed that the discussion was less about questioning or advancing the framework, and more about affirming it. Collaboration appeared not only as a shared goal but also as a form of positioning. It was something to be emphasised, protected, and perhaps strategically aligned with professional or institutional interests.

Two of the panel members, in particular, appeared highly self-inclusive in their narratives. Their contributions were long, dense, and delivered with little pause. There was a sense of continuous speaking, as if the priority was to present as many points as possible rather than to engage with the ongoing discussion. In such moments, the dialogue became fragmented. The accumulation of ideas did not

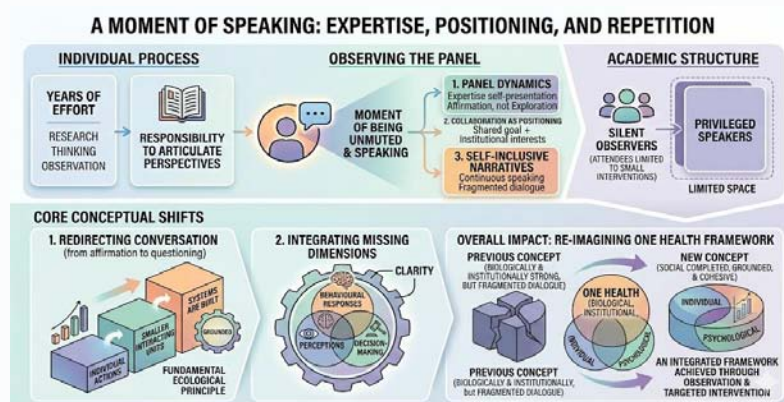


Figure 2: Conceptual Map of the Observational Catalyst: Panel Dynamics, Narrative Gaps, and the Push for an Integrated One Health Framework. Note: This diagram is generated using Google Gemini based on author's perspective and ideas.

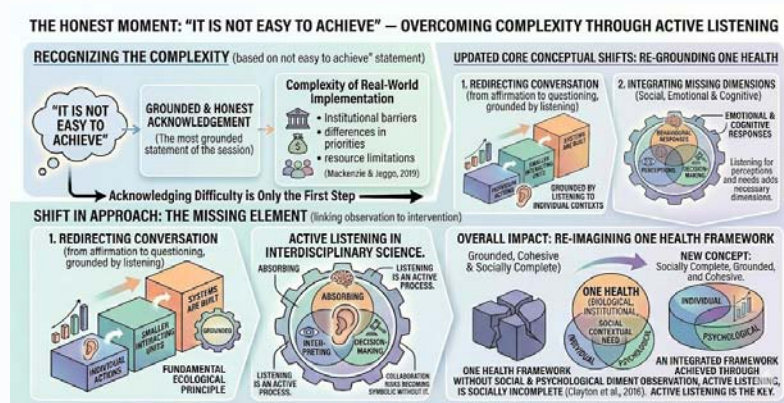


Figure 3: Overcoming Complexity through Active Listening within the One Health Framework. Note: This diagram is generated using Google Gemini based on author's perspective and ideas.

necessarily lead to clarity.

The Honest Moment: “It is Not Easy to Achieve”

As illustrated in Figure 3, the complex and multifaceted challenges inherent in operationalizing the One Health framework are significant, a reality underscored by the grounded statement, “it is not easy to achieve” (see also [2]). The diagram maps how acknowledging this inherent difficulty must be paired with a fundamental shift in approach, specifically the transition from passive observation to the ‘active listening’ necessary for robust, multi-perspective integration. Figure 3 delineates how active listening can serve as the catalyst for three critical outcomes: first, by grounding conversations in individual contexts (such as step-by-step public health education); second, by incorporating critical social, perceptual, and behavioral responses [6]; and finally, by enabling the redirection of discussions from mere affirmation toward a more functional, exploratory, and cohesive integration of diverse disciplines.

Amid the extended discussions, one statement stood out clearly: “It is not easy to achieve.” This was perhaps the most grounded and honest acknowledgement during the session. It recognised the complexity of implementing One Health in real-world contexts. Indeed, the integration of multiple disciplines, sectors, and stakeholders is inherently challenging. Institutional barriers,

differences in priorities, and resource limitations all contribute to this difficulty [2]. However, acknowledging difficulty is only the first step. The next step requires a shift in approach.

From my perspective, one of the missing elements in the discussion was listening. In interdisciplinary science, listening is not passive. It is an active process of absorbing, interpreting, and integrating different perspectives. Without it, collaboration risks becoming symbolic rather than functional.

The Unanswered Thought: Environmental Psychology and Quiet Realisation

As visually synthesized in Figure 4, this diagram maps the researcher’s process of identifying and navigating professional and conceptual boundaries within a structured academic space. The left section, “Observing the Unanswered Gaps,” identifies the cognitive components of the researcher’s specific intervention (including behavioral and cognitive responses, and perceptions), which received no direct response from the panel (Figure 4). This silence, rather than a failure, is framed as a critical “Boundary Identified” (center section), revealing the operational mechanics of academic platforms, which are inherently “Organised around specific goals” that prioritize the panel’s immediate, biologically strong focus (Figure 4) [2]. The right section illustrates the resulting conceptual transition: “QUIET CLARITY” does not result from validation, but from accepting these

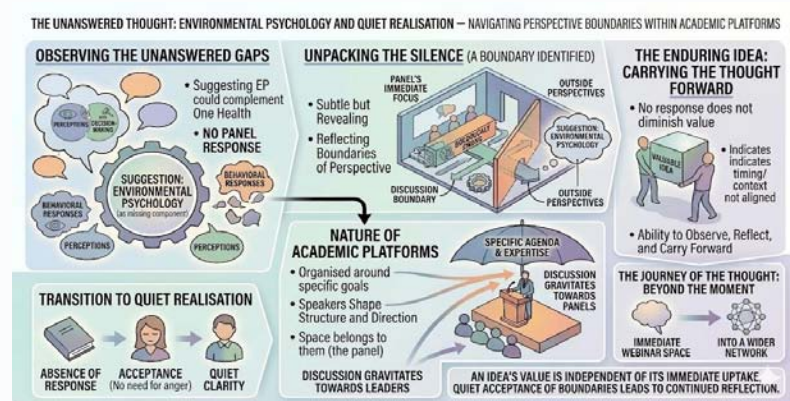


Figure 4: Conceptual Map of Navigating Boundary Dynamics, Silent Gaps, and Quiet Clarity within an Academic Platform. Note: This diagram is generated using Google Gemini based on author's perspective and ideas.

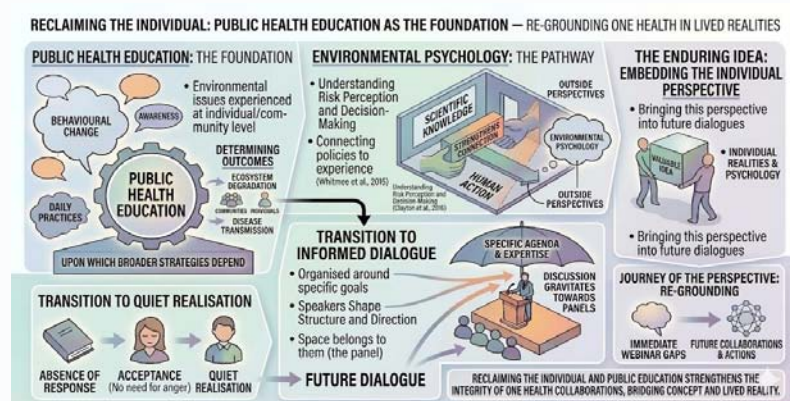


Figure 5: A Conceptual Model of Reclaiming the Individual: Grounding One Health through Public Health Education and Environmental Psychology. Note: This diagram is generated using Google Gemini based on author's perspective and ideas.

functional constraints, leading to the deliberate process of “The Enduring Idea: Carrying the Thought Forward,” which moves the valuable idea beyond the immediate, misaligned context toward a wider academic network for future exploration (Figure 4).

What stayed with me most clearly was not only what was discussed, but also what remained unanswered. My suggestion that environmental psychology could complement the One Health concept did not receive any response from the panel.

This silence was subtle, but it was revealing. It reflected a boundary within the discussion, where certain perspectives were acknowledged while others remained outside the immediate focus of the panel. In that moment, I realised that the webinar space, although open in structure, was still largely shaped by the priorities and directions of the speakers themselves.

This is not unusual. Academic platforms are often organised around specific agendas, expertise, and collaborative goals. The discussion, therefore, naturally gravitates toward those who lead it. In this sense, the webinar belonged to them, not to me.

Recognising this brought a quiet clarity. There was no need for anger. Instead, it became an exercise in acceptance. Not every idea will be taken up. Not every perspective will be explored in the moment it is offered. What matters is the ability to observe, reflect, and carry the thought forward. The absence of response does not diminish the

value of the idea. It simply indicates that the timing or the context was not aligned.

Reclaiming the Individual: Public Education as the Foundation

As systematically outlined in Figure 5, moving the One Health framework beyond mere conceptual affirmation requires a foundational shift that actively prioritizes public health education and individual agency. The diagram illustrates that because grand environmental and health challenges - such as disease transmission and ecosystem degradation - are fundamentally experienced at the individual and community levels, micro-level outcomes are directly determined by daily practices, behavioral change, and public awareness (Figure 5) [3]. Figure 5 positions environmental psychology as the crucial operational pathway to bridge this gap; by scientific mapping of risk perception and human decision-making, it effectively translates abstract policy into concrete human action [6]. Ultimately, navigating away from institutional spaces that exclude these viewpoints allows researchers to transition toward an informed future dialogue, carrying the enduring individual perspective forward to embed it into real-world collaborations and lived realities (Figure 5).

My original question continues to resonate with me. If One Health is to move beyond conceptual affirmation, it must reconnect

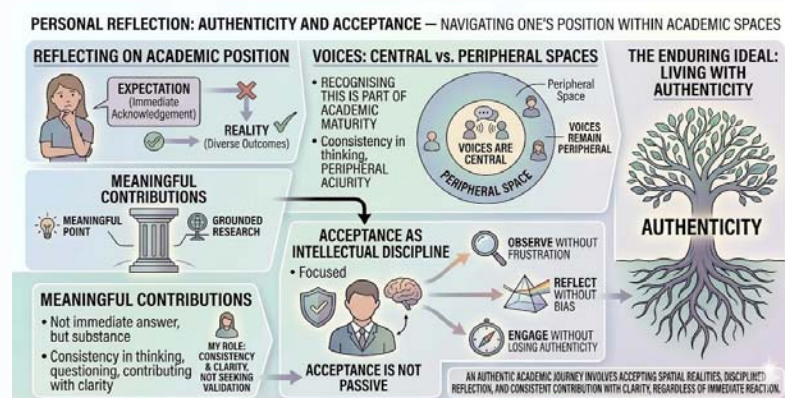


Figure 6: Conceptual Map of Personal Reflection, Authenticity, and Acceptance within the Academic Ecosystem. Note: This diagram is generated using Google Gemini based on author's perspective and ideas.

with individuals. Public health education is not an optional addition. It is the foundation upon which all broader strategies depend. Environmental issues, disease transmission, and ecosystem degradation are ultimately experienced at the level of individuals and communities. Behavioural change, awareness, and daily practices are critical in determining outcomes. Without these, policies and collaborations may remain distant from lived realities [3].

Environmental psychology provides a pathway to address this gap. By understanding how people perceive risks and make decisions, it strengthens the connection between scientific knowledge and human action [6]. Its absence in the discussion, therefore, further emphasised the need to bring this perspective into future dialogues.

Personal Reflection: Authenticity and Acceptance

As visualized in Figure 6, navigating the academic ecosystem requires a transition from unrealistic expectations of immediate validation to a grounded acceptance of complex spatial realities [6]. The diagram contrasts the initial "Expectation" of seamless thought integration with the inevitable "Reality" of diverse outcomes, where voices are functionally segmented into central or peripheral roles within academic maturity. Crucially, Figure 6 illustrates that acceptance is not passive; rather, it is a focused intellectual discipline that empowers researchers to observe without frustration and reflect without bias. By shifting focus from immediate validation to meaningful, grounded research and unwavering consistency in contribution, researchers can authentically engage within these complex spaces, ultimately cultivating an "Enduring Ideal" of living with authenticity.

This experience has led me to reflect not only on the discussion itself but also on my own position within such academic spaces. It is easy to expect that every thoughtful contribution will be acknowledged or explored. However, reality often operates differently. There are spaces where voices are central, and spaces where voices remain peripheral. Recognising this is part of academic maturity.

What is important is not whether a point is immediately answered, but whether it is meaningful and grounded. My role is not to seek validation in every moment, but to remain consistent in thinking, questioning, and contributing with clarity. Acceptance, in this context, is not passive. It is a form of intellectual discipline. It allows me to observe without frustration, to reflect without bias, and

to continue engaging without losing authenticity.

Conclusion

This webinar has reinforced several important insights. First, even brief moments of participation can contribute meaningfully to academic discourse. Second, frameworks such as One Health require not only conceptual clarity but also practical grounding at the level of individuals and communities. Third, collaboration must be accompanied by listening. Without it, it risks becoming symbolic rather than functional. Finally, not all contributions will be acknowledged, and that is part of the structure of academic engagement. Accepting this without anger allows space for deeper reflection and continued growth. In the end, what remained with me was not the volume of discussion, but the quiet moments of insight. Those moments, even when unspoken or unanswered, are where meaningful understanding begins.

Declaration on the Use of Artificial Intelligence

The author declares that generative artificial intelligence tools were used in a supportive capacity during the preparation of this manuscript. These tools assisted with language refinement, structural organisation, and stylistic clarity of the text. All ideas, interpretations, reflections, and conclusions presented in this paper are the author's own and are grounded in personal experience and scholarly judgment. The author retains full responsibility for the content, accuracy, originality, and integrity of the manuscript.

References

1. Destoumieux-Garzón D, Mavingui P, Boetsch G, Boissier J, Darriet F, Duboz P, et al. The One Health concept: 10 years old and a long road ahead. *Frontiers in Veterinary Science*. 2018; 5: 14.
2. Mackenzie JS, Jeggo M. The One Health approach: Why is it so important? *Tropical Medicine and Infectious Disease*. 2019; 4(2): 88.
3. Whitmee S, Haines A, Beyrer C, Boltz F, Capon AG, Ferreira de Souza Dias B, et al. Safeguarding human health in the Anthropocene epoch: Report of The Rockefeller Foundation–Lancet Commission on planetary health. *Lancet*. 2015; 386(10007): 1973–2028.
4. Lerner H, Berg C. A comparison of three holistic approaches to health: One Health, EcoHealth, and Planetary Health. *Frontiers in Veterinary Science*. 2017; 4: 163.
5. Rüegg SR, McMahon BJ, Häslar B, Esposito R, Nielsen LR, Ifejika SC, et al.

- A blueprint to evaluate One Health. *Frontiers in Public Health*. 2018; 6: 20.
6. Clayton S, Manning C, Krygsman K, Speiser M. Mental health and our changing climate: Impacts, implications, and guidance. American Psychological Association and ecoAmerica. 2016.